

Purpose The SDQ is a 12-item scale designed to evaluate subjective experiences of insomnia. An analysis conducted by Espie and colleagues [1] revealed the four factors assessed by the scale: attributions regarding restlessness/agitation, attributions concerning mental overactivity, attributions concerning the consequences of insomnia, and attributions concerning lack of sleep readiness. While the questionnaire is similar to another scale created by developers – the Dysfunctional Beliefs and Attitudes about Sleep Scale (DBAS; (Chap. 28) – the SDQ is concerned specifically with beliefs about the sources of sleep issues, while the DBAS is more general in its focus.

Population for Testing The SDQ has been validated in a population of chronic insomnia patients with a mean age of 49.8 (SD 17.9).

Administration The scale is a self-administered, pencil-and-paper measure requiring between 3 and 5 min for completion.

Reliability and Validity According to a study conducted by Espie and colleagues [1], the scale possesses an internal consistency of .67. Though the scale was originally shown to possess three factors – mental activity, sleep pattern problem, and physical tension [2] – the current study elucidated a more suitable four-factor structure: attributions regarding restlessness/agitation, attributions

concerning mental overactivity, attributions concerning the consequences of insomnia, and attributions concerning lack of sleep readiness.

Obtaining a Copy An example of the scale's items can be found in an article published by Espie and colleagues [1].

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Scoring Respondents use a five-point, Likert-type scale to indicate how often certain statements about insomnia are representative of their experience – 1 means “never true,” while 5 means “very often true.” Higher scores are indicative of more dysfunctional beliefs about the causes and correlates of insomnia.

References

1. Espie, C. A., Inglis, S. J., Harvey, L., & Tessler, S. (2000). Insomniacs' attributions: psychometric properties of the dysfunctional beliefs and attitudes about sleep scale and the sleep disturbance scale. *Journal of Psychosomatic Research*, 48(2), 141–148.
2. Espie, C. A., Brooks, D. N., & Lindsay, W. R. (1989). An evaluation of tailored psychological treatment of insomnia. *Journal of Behavior Therapy and Experimental Psychology*, 20, 143–153.

Representative Studies Using Scale

- Harvey, A. G., Schmidt, D. A., Scarnà, A., Semler, C. N., & Goodwin, G. M. (2005). Sleep-related functioning in euthymic patients with bipolar disorder, patients with insomnia, and subjects without sleep problems. *American Journal of Psychiatry*, 162(1), 50–59.
- Watts, F. N., Coyle, K., & East, M. P. (1994). The contribution of worry to insomnia. *British Journal of Clinical Psychology*, 33(2), 211–220.